



Takoma Park Animal Clinic

Takoma Park Animal Clinic Drop off Form

Client's Name _____ Date _____

Pet's Name _____ Contact Number _____

Age _____ Breed _____ Sex _____ Spayed/Neutered Yes ___ No _____

Reason for visit today?

When did the symptoms start? _____

Brand of food your pet eats? _____

What is your pet's appetite like? More _____ Less _____ No change _____

Describe your pet's water intake _____

Does your pet receive table food? Yes ___ No _____

If yes, what table food has he/she eaten in the past 3 days?

Did your pet get into the garbage? Yes ___ No _____ Toxins? Yes ___ No _____

Missing Toys? _____ Yes _____ No _____

Missing clothing? Yes ___ No _____ Table food? Yes ___ No _____

Lakes/Streams/Rivers? Yes ___ No _____

Describe _____

Has your pet been vomiting? Yes ___ No ___ if yes how often? 1 to 3 times _____ 4 to 6 time's _____ > 6 times _____ 1 day ___ 2 to 3 day's _____ > 3 days

Describe diarrhea (color/consistency/mucous/blood present)



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Is your pet currently on any medications? Yes ____ No ____

If yes, Name _____ Strength _____ How Often _____

Is your pet on Heartworm prevention? Yes ____ No ____ Interceptor ____ Revolution ____ Heartgard ____
Other _____

Is your pet on flea and tick control? Yes ____ No ____ which one? _____

Are there any changes in your pet's urination habits? Yes ____ No ____

If yes describe the frequency & color if you can _____

I give authorization to perform the necessary tests? (I.e. x-ray, labwork)

Signature _____